



HEALTH SCREENING FORM

P.O. BOX 8560 | 32355 GREEN VALLEY LAKE RD.
GREEN VALLEY LAKE, CA 92341
1.800.965.4863

Complete for all guests no earlier than 24 hours before arrival by a healthcare professional

Guest Name: _____ Date & Time: _____

1. In the last 24 hours, have you had any:

- Fever (>100.4F/38C)
- Cough
- Chills
- Sore throat
- Vomiting
- Diarrhea
- Rash (If you have eczema, is this a different type of rash?)
- Head or body lice

No

Yes (Please circle all that apply)

**** If a guest has a fever, vomiting, or diarrhea within 24 hours of arrival, they must not attend.**

(Please note that if a camper is sick at camp, they may be tested by the Health Center staff for COVID-19. Any camper who tests positive for COVID-19 while at camp or has a fever as determined by our camp nurse will be isolated and possibly sent home.)

2. Have you been exposed to someone with a communicable illness (i.e. COVID-19, chicken pox, strep throat, influenza, lice, etc.) in the past week? No Yes

Explain: _____

***** If camper has any new onset of symptoms of the illness they were exposed to, they must not attend camp. If they develop symptoms while at camp, they may be isolated and possibly sent home.**

Signature & Printed Name of Healthcare Professional
(i.e: MD, DO, PA, NP, RN, LVN)

Date